

FILED SEP 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30017

747-A

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 747-A	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Greece		b. CITY (If outside corporate limits, write RURAL and give township) Springfield		a. STATE Missouri		b. COUNTY Greene	
c. CITY OR TOWN Republic Rural		c. LENGTH OF STAY (In this place) 4 day		c. CITY (If outside corporate limits, write RURAL and give township) Republic Rural		0393	
d. FULL NAME OF HOSPITAL OR INSTITUTION Baptist Hospital				d. STREET ADDRESS Rural 1			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) Minnie		b. (Middle) Roush	c. (Last) Sparkman		(Month) Aug.	(Day) 30	(Year) 1951
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12/10/1872	9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months	11. UNDER 1 HRS. Hours	12. MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Ross Sparkman		ADDRESS Republic	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism				30 min	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Appendectomy (post-operative) 6 wks					
		DUE TO (c) Arteriosclerosis, gen'd				?	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 553x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10:46, to 8:30, 1951, that I last saw the deceased alive on 8-30, 1951, and that death occurred at 10:15 P.m., from the causes and on the date stated above.							
23a. SIGNATURE Blumenthal M.D.				23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 9-10-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 8/30/51		24c. NAME OF CEMETERY OR CREMATORY Ever Green		24d. LOCATION (City, town, or county) (State) Republic, Mo.	
DATE REC'D BY LOCAL REG. 9/11/51		REGISTRAR'S SIGNATURE W.E. Hawley		25. FUNERAL DIRECTOR'S SIGNATURE Max Foreatt		ADDRESS Republic	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Gene C. Hunter

Licensed Embalmer No. 4739

P. O. Address Republic 2010

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.